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ABSTRACT

Specialized accreditation is a process whereby an organization or agency, following professional peer evaluation, recognizes a program of study as having met certain predetermined standards. It complements institutional accreditation and provides assurance to the public, the institution, the program, and the student that the accredited program has fulfilled acceptable national standards. One accreditation agency is the Committee on Allied Health Education and Accreditation (CAHEA), which includes in its responsibilities decisions on accreditation made on the basis of recommendations from 17 review committees; work with review committees to develop policies and procedures; and the establishment and maintenance of liaison with accrediting institutions, health and educational organizations, and professional groups. Today, more than 1,700 hospitals, schools, and universities sponsor over 3,000 CAHEA accredited programs and, in 1980, some 35,000 students graduated from these programs. CAHEA accredits educational programs for 26 professions and occupations within the areas of medical-clinical support/assistance, clinical laboratory service, medical record management, and technological services. Current CAHEA concerns include the potential of infringement of institutional rights and responsibilities, the monitoring and containment of accreditation costs, and the development of coordinated program surveys. (Author/HB)

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SPECIALIZED ACCREDITATION IN ALLIED HEALTH EDUCATION (CAHEA)

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Paper presented at the 62nd Annual Convention of the American Association of Community and Junior Colleges, St. Louis, Mo., April 4-7, 1982.

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JC 820 210

AACJC FORUM ON ACCREDITATION

April 5, 1982

ST. LOUIS, MISSOURI

SESSION: The Impact of Nursing and Allied Health Professional Organizations and Accrediting Agencies on Community College Curricula

SPEAKER: John J. Fauser, PhD, Secretary, Committee on Allied Health Education and Accreditation

I. SPECIALIZED ACCREDITATION

I would like to begin my remarks this morning by recalling the purpose of specialized accreditation. What good does it do? How does it benefit the public, the sponsoring institution, the program, and the student?

Specialized accreditation is a process whereby an organization or agency, following professional peer evaluation, recognizes a program of study as having met certain predetermined standards. Specialized accreditation complements and augments institutional accreditation. It is a method in dealing in depth with specialized areas, by peers. It is concerned with the quality of education in programs of professional study. It is intended to provide some assurance to the public of the quality of the education that persons in highly specialized areas receive -- a responsibility for which members of an organized or licensed profession have traditionally been held accountable.

To whom is specialized accreditation of value? Certainly to the public. It renders institutions of higher education more accountable to the public for the quality of education they offer in specialized fields. It helps assure that practitioners who are graduates of accredited programs of professional education

have had formal preparation that meets nationally accepted standards of quality and relevance. It serves to complement licensing and certification requirements by giving some assurance to credentialing bodies that candidates who sit for such examinations have been adequately prepared. Thus it minimizes the need for and costs associated with public sector regulation of the professions and their related educational programs.

Why do students enroll in accredited educational programs? Graduation from an accredited program benefits students by providing (1) an assurance that the program meets nationally established standards; (2) recognition of their education by their professional peers; and (3) eligibility, in many instances, for professional certification, registration, or state licensure. It can facilitate employment opportunities for new graduates by informing prospective employers about standards established for professional educational programs.

Benefits also accrue to educational institutions sponsoring accredited programs. Specialized accreditation enhances accountability and autonomy in all higher education by making available peer review assessments of the means by which educational institutions generate, transmit, and apply knowledge from professional disciplines or specialized fields. It facilitates and supplements the internal review processes institutions conduct and thus strengthens their claims of quality in their professional educational offerings. Specialized accreditation standards are developed on a national consensual basis, so that widely accepted review criteria are used to evaluate the specialized programs of study institutions offer. Specialized accreditation evaluates by peer review the scope, objectives, and quality of professional programs of study, in ways that assist such programs to adapt their curricula to the changing practice requirements.

What I have reviewed just now represents part of the theory of the value of specialized accreditation. Many of them are elaborated in a draft policy statement prepared by the Assembly of Specialized Accrediting Bodies of the Council on Postsecondary Accreditation (COPA). Admittedly, these values are not realized in every practical application of specialized accreditation. Nonetheless, they are the goals and the purposes of specialized accreditation, which in most cases are sufficiently achieved to bring real benefits to the public, the sponsoring institution, the program and the student.

II. THE CAHEA SYSTEM

The Committee on Allied Health Education and Accreditation (CAHEA) is sponsored by the American Medical Association (AMA), staffed by AMA's Department of Allied Health Education and Accreditation, and is a specialized accrediting agency recognized by the U.S. Department of Education (USED) and COPA. Let me review briefly the overall scope and role of CAHEA.

CAHEA has fourteen members. These are individuals with broad interest and competence in the allied health professions and services. They include allied health professionals, educators, physicians, a hospital administrator, an allied health student or recent graduate, and two public representatives.

CAHEA encompasses a broad range of review and evaluation activities of educational programs in allied health on behalf of the AMA and 42 collaborating organizations composed of allied health professional organizations and medical specialty societies. CAHEA formulates its accreditation decisions on the basis of recommendations received from 17 review committees that are sponsored by the collaborating organizations. It is the final deliberative body for the assessment

of compliance with established minimum standards for education for many of the allied health professions.

In addition to its primary responsibility of program accreditation, CAHEA's other responsibilities include:

- Working with review committees, collaborating organizations and other interested groups in developing, revising, and adopting policies and procedures that facilitate the accreditation process

- establishing and maintaining liaison with institutions that sponsor accredited programs and with related health and educational organizations to assure that CAHEA policies and procedures promote effective and efficient education

- establishing and maintaining relationships with allied health professional organizations and related medical specialty societies.

It is through cooperation within CAHEA's accreditation process that these allied health organizations, medical specialty societies, and review committees constitute the largest accrediting consortium in the United States:

- Over 1,700 universities, colleges, vocational-technical schools, hospitals and other institutions sponsor over 3,000 CAHEA-accredited programs.

449 (26%) of these sponsoring institutions are Junior/Community colleges. These 449 Junior/Community Colleges sponsor 850 (28.3%) CAHEA accredited programs.

- Approximately 35,000 students graduated from CAHEA-accredited programs in 1980.

- More than 1700 allied health professionals, physicians, and others volunteered their services as participants in the accreditation process, including those performing on-site reviews of the qualifications of over 635 programs in 1981.

CAHEA accredits educational programs for 26 professions and occupations:

MEDICAL-CLINICAL SUPPORT/ASSISTANCE	Assistant to the Primary Care Physician
	Emergency Medical Technician-Paramedic
	Medical Assistant
	Medical Assistant in Pediatrics
	Ophthalmic Medical Assistant
	Perfusionist
	Surgeon's Assistant
	Surgical Technologist
CLINICAL LABORATORY SERVICE	Cytotechnologist
	Histologic Technician
	Medical Laboratory Technician (Associate Degree)
	Medical Laboratory Technician (Certificate)
	Medical Technologist
	Specialist in Blood Bank Technology

MEDICAL RECORD MANAGEMENT	Medical Record Administrator
	Medical Record Technician
CLINICAL AND REHABILITATION SERVICES	Occupational Therapist
	Physical Therapist
	Respiratory Therapist
	Respiratory Therapy Technician
TECHNOLOGICAL SERVICES	Diagnostic Medical Sonographer
	Electroencephalographic Technician
	Electroencephalographic Technologist
	Nuclear Medicine Technologist
	Radiation Therapy Technologist
	Radiographer

CAHEA believes it has obligations to the public and to the communities of interest that are represented within the many allied health occupations and to educational sponsors for which it accredits programs to assure compliance of these programs with standards.

The guidepost of CAHEA, and of specialized accreditation generally, is the public interest. However, as William Kaplan points out so cogently in his COPA occasional paper "Accrediting Agencies' Legal Responsibilities: In Pursuit of the Public Interest," the public interest may be "the most elusive of all the standards employed by the courts." (p. 18) He suggests that an answer to the question of how accrediting agencies can best promote the public interest may be found in an exploration if the concepts of autonomy, impartiality, expertise and public representation. These are concepts which CAHEA attempts to embody in its structure

and activities.

CAHEA is autonomous in its accreditation decisions. It is not obligated to nor are its decisions on particular programs reviewed by any other body having political or economic goals that may conflict with the educational goals of accreditation. CAHEA members are impartial decisionmakers free from actual or apparent conflicts of interests. If on occasion an individual member has a relationship with a given program under review which would compromise his or her impartiality, that member absents himself from the discussion and accreditation decision concerning that program.

But as Kaplan observes, autonomy and impartiality constitute only half of the needed equation. They help prevent bad decisions; they do not guarantee good ones. To them must be added the ingredients of expertise and public representation.

In the CAHEA system, expertise in the professional or occupational discipline comes from the various review committees with which CAHEA works. The network is complex, somewhat fragile, and heavily dependent upon mutual cooperation, good will and good faith. But it works. To varying degrees, the individual review committees add the dimensions of educational expertise and public representation to the process.

CAHEA, the umbrella accrediting agency which makes its accreditation decisions in 26 occupational areas on the basis of recommendation of 17 review committees, provides the expertise of the generalist and the expertise in disciplines

functionally related to each other. Through its public members it attempts also to bring an expert sense of the interests of society which are implicated in accreditation decision making.

CURRENT CAHEA CONCERNS

Institutional Prerogatives. Last October CAHEA sponsored a meeting on the "Rights and Responsibilities of Institutional Sponsors and Accrediting Agencies." One of the speakers, Dr. Frances Horvath, Dean of the School of Allied Health at St. Louis University, emphasized that it is the recognized, traditional right of the college or university to choose its own administration and faculty, to establish admission requirements and select its own students, to formulate curricula, establish graduation requirements, and determine the appropriate credentials to be awarded, to design facilities and apportion and arrange space, and to charge fees and manage its budget. These rights go hand in hand with the responsibility to provide quality education and conduct its affairs with integrity.

An institution does not abdicate its rights when it seeks accreditation of its programs. Rather, it agrees to exercise its rights within the framework of a given set of reasonable standards in order to meet its responsibilities.

From the discussions that followed came a recommendation that CAHEA and the review committees work together to identify and modify statements in Essentials and Guidelines, and in other documents, that may infringe upon institutional rights and responsibilities. CAHEA adopted the recommendation and has established a special work group to seriously address these important issues.

COSTS. CAHEA is funded by the AMA and does not charge fees. However, CAHEA has a number of significiant obligations with respect to fees. These include: monitoring the costs of accreditation, helping to contain those costs, and approving the accreditation fee structure and subsequent increases for those review committees that charge fees to institutional sponsors.

Fee monies received by review committees are applied to the justified expenses of the program review process. Participants in the CAHEA-review committee system are keenly aware of the steadily climbing costs of activities necessary for program evaluation: meetings, air fare, lodging, mandated procedures and processes, the self-study, and the on-site review.

Over time, a number of practices have been established to help hold down the costs of evaluation. Visiting team members do not receive honoraria, nor do members of CAHEA or review committees. Those organizations that sponsor review committees make annual cash contributions to help support the activities of the committees. DAHEA staff provides liaison support to review committees at no cost to the committees. These are only a few of the means by which accreditation costs are kept at a fraction of their true fiscal value.

In April 1981, CAHEA requested that a special survey of sponsoring intstitutions be conducted to assure that its deliberations would have benefit of current information on the direct cost impact of accreditation procedures on institutions. It is not my purpose this morning to review for you all of the findings of this survey. A summary report will appear soon in AMA's Allied Health Education Newsletter. Allow me to note one highlight, however. The estimated equivalent value costs to institutions for self-study preparation and on-site visit activity appeared to be in the order of 6 times the costs of fees paid. Self-

study appears without question, to be the most costly part of the accreditation process. It is also recognized to be among the most beneficial parts of the process to the institution and the program. CAHEA is working with its review committees to keep self-study documentation to the necessary minimum, that is, that it be responsive solely to the Essentials or standards for programs. In this way, costs can in part be restrained and the results of the self-study can continue to serve as a basis for improvement of program quality.

Coordinated Surveys. Institutions having multiple CAHEA-accredited allied health educational programs have been encouraged in recent years to request concurrent or coordinated on-site accreditation surveys of these programs. The number of institutions requesting joint surveys has increased in the past year. Some have been conducted at the time of and coordinated with the regional accrediting agency; some have been conducted in conjunction with other specialized allied health agencies such as those for dental, dietetic or nursing programs. From our point of view, these joint surveys have been generally successful. They can result in reduction of costs, reduction of the size of individual team sizes, better preparation for survey on the part of individual programs, less redundancy of self-study materials presented to review committees, and greater sharing of information and expertise. While we do not believe joint surveys are a panacea for all the difficulties of on-site review of programs, we do believe they are a major step in the right direction. We welcome increased activity in this area in the years ahead because we believe greater coordination of efforts can improve both specialized and institutional accreditation.

SUMMARY

In summary, let me reiterate:

1. Specialized accreditation complements institutional accreditation and aims at providing assurance to the public, the institution, the program and the student that programs of a highly specialized nature meet acceptable national standards.

2. CAHEA is an umbrella programmatic accrediting agency for educational programs in 26 allied health occupational areas. It attempts to coordinate and unify the accrediting activities in these areas. It does so by collaborating with 42 allied health and medical specialty associations that sponsor 17 review committees. It attempts to be accountable and to serve the public interest by emboding within its structure and activities the concepts of autonomy, impartiality, expertise, and public representation.

3. Among current accreditation concerns being grappled with by CAHEA and its Panel of Consultants and Special Advisors are (1) the issues of potential infringement upon the rights and responsibilities of institutions which sponsor CAHEA-accredited educational programs; (2) the costs of accreditation and means of restraining future cost increases; and (3) promotion of coordinated accreditation activity among the 17 review committees with which it works, among health related specialized accrediting agencies, and between CAHEA and institutional accrediting bodies.

It is CAHEA's hope that such activities will help streamline the processes of accreditation and make it more responsive to the needs of the public and of institutions sponsoring programs.

I have left some brochures and fact sheets about CAHEA and its activities on the table in the rear of the room, and will be happy to respond to questions during the discussion session this morning.

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